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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES FOR PROGRAMMES IN THE ASIA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1,000,000*

SUMMARY

The present document contains recommendations for funding from general resources for programmes with annual planning levels not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, for the country programmes listed below.

Country/programme	Amount (United States dollars)	Duration
Democratic People's Republic of Korea	5 000 000	1994-1998
Malaysia	2 250 000	1994-1996

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

I. DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	7.3
U5MR (per 1,000 live births)	34
IMR (per 1,000 live births)	25
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	41
Literacy (%, male/female) (1990)	../..
Primary school enrolment (%, net, male/female) (1987)	../..
Percentage of grade 1 reaching grade 4 (1988)	..
Access to safe water (%)	..
Access to health services (%) (1987)	..
GNP per capita	a/

One-year-olds fully immunized against:

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	90 per cent
measles:	96 per cent
poliomyelitis:	98 per cent

Pregnant women immunized against:

tetanus:	99 per cent

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a/ GNP per capita is estimated to be in the $500-$1,499 range.

The situation of children and women

1. The Democratic People's Republic of Korea has a population of approximately 20 million. Over 80 per cent of the land is mountainous and only a small proportion is suitable for agriculture. The population growth rate reached a peak of 3.8 per cent in 1970, but had declined to 1.6 per cent by 1990. Approximately one quarter of the country's population live in the largest four cities, including the capital, Pyongyang.

2. The national philosophy of "Juche" (self-reliance) has helped to develop a relatively autonomous economy, using domestic natural resources. The country has industrialized rapidly since the end of the devastating Korean war, and by 1991, gross national product (GNP) per capita was estimated to be the equivalent of $986.

3. There are an estimated 2.4 million children under five years of age, accounting for 11 per cent of the population. According to government data, the infant mortality rate (IMR) declined from 37 per 1,000 live births in 1960

to 9.8 per 1,000 live births in 1986, and the under-five mortality rate (U5MR) is estimated at 5.8 per 1,000 live births. According to government sources, 99 per cent of the population have access to health services. The leading causes of infant mortality include diarrhoeal diseases and respiratory infections, particularly during the winter months. Immunization coverage of over 90 per cent for all vaccines among children aged five years was achieved during 1989-1990. Although the immunization schedule does not follow World Health Organization (WHO) recommendations, reported cases of the six vaccine-preventable diseases are rare. All vaccines are produced in-country, but the quality needs to be improved. Vaccine cold chain and facilities to provide efficient immunization services remain inadequate.

4. Some 70 per cent of mothers of young children are in the formal labour force. Nurseries provide comprehensive care for children from three months to four years of age. The remaining 30 per cent of mothers also send their children to nurseries to benefit from the opportunity for early childhood development. Breast-feeding for the first three months of an infant's life is virtually universal. However, breast-feeding does not usually begin immediately, since newborns are separated from their mothers for up to 24 hours after birth. After three months of maternity leave, mothers continue to breast-feed at nurseries and crèches attached to the workplaces.

5. The overall nutritional status of infants from three to five months of age compares favourably with the WHO reference standard. Child growth, however, starts to slow from six months of age. This is linked to inappropriate nutritional intake during weaning and persists through the post-weaning period. Survey findings show that children in mountainous areas are less well-nourished than those from the cities. Although nationwide data are not available, surveys in a semi-mountainous area indicated overall goitre prevalence at 14.7 per cent.

6. Almost all four- and five-year-old children are enrolled in the country's 16,000 pre-schools, the second year of which is compulsory. Pre-school education introduces children to nature and society and provides a basis for future education. The Government has recognized the need to improve pre-school standards, including the content, teaching materials and, of first priority, teacher training.

7. Starting in 1972, 11 years of education became compulsory. Current enrolment in the primary and secondary levels is 100 per cent, and the focus is now on improving quality. In remote rural areas, the Government has established 1,600 "branch" schools with from 2 to 40 pupils and up to three teachers each. The isolation of branch schools adds constraints to children's social and intellectual development. Branch schools are also at a disadvantage with regard to improving facilities and obtaining budget allocations, resulting in an inability to keep standards of education abreast with those of urban areas. According to government sources, the literacy rate is 100 per cent.

Programme cooperation, 1990-1993

8. The second country programme for the Democratic People's Republic of Korea was approved by the Executive Board in 1990 for three years, 1990-1992

(E/ICEF/1989/P/L.15). The main objectives of the programme were to achieve universal immunization coverage by 1990; to improve the quality of combined diphtheria/pertussis/tetanus (DPT) vaccines; and to determine the nature of childhood malnutrition in mountainous areas. The "bridging" programme recommended for 1992-1993 (E/ICEF/1992/P/L.42) was approved by the Executive Board in 1992, extending the country programme by one year.

Health

9. The primary objective was to improve the quality of DPT vaccines in order to reach the standards established by WHO. Training was a major activity, along with a large investment in production equipment. Since 1991, consultancy services have also been provided for improving manufacturing practices. It is expected that by March 1993, improvements in the production of DPT vaccines will be complete, and the vaccine will be submitted to WHO for independent testing. If low quality persists, appropriate assistance will be provided to overcome the problem.

10. UNICEF assistance to the expanded programme on immunization has included the provision of cold-chain equipment for two counties in addition to some of the needs at the national level. The first joint WHO/UNICEF international review of immunization services was carried out in 1992 in collaboration with the Ministry of Public Health. The review confirmed that childhood immunization coverage is very high for children under two years of age. Coverage with tetanus toxoid is extraordinarily high in some areas, ranging from 100 per cent for the first dose to 96 per cent for the fifth dose. Reported cases of the six target diseases are now rare. Programme goals for immunization should now be based on disease reduction and elimination.

11. A national edition of Facts for Life was initiated in 1991 under the aegis of the Ministry of Public Health. A multisectoral working group has completed a Korean version, 30,000 copies of which have been printed. This document is now being distributed throughout the country.

Nutrition

12. In 1991-1992, a survey to assess the nutritional status of children in remote rural areas was carried out among children under six years of age in Hyangsan county. Through conducting the survey and through training at the Mahidol University in Thailand, personnel from the Institute of Child Nutrition improved their skills in biochemical analysis and data management. Consultancy services provided further training on data analysis and recommendations for future interventions.

13. The concept of the "baby-friendly" hospital initiative was introduced in 1992 to further strengthen breast-feeding practices. The Vice-Minister of Public Health and a study group of senior paediatricians, obstetricians and hospital staff visited "baby-friendly" hospitals in Thailand. Existing procedures will now be reviewed.

Education

14. UNICEF has supported improvements in the management of branch schools by funding a study group to Australia to learn about multi-grade teaching in small, remote schools. Workshops were subsequently held in the Democratic People's Republic of Korea to share the experience with other educators. In addition, a trial project using video to strengthen the teaching in branch schools has been implemented and has been found to have a useful impact. Approximately 20 per cent of branch schools now have video cassette players. Consultancy services in 1992 recommended further improvement in teaching methods and the quality of video teaching materials.

15. Subsequent to the active participation of the Democratic People's Republic of Korea in the World Conference on Education for All, further development of the methods and content of pre-school education has taken place. A technical consultative meeting on early child stimulation, development and education was held in Pyongyang in late 1991. A study tour to China and Singapore was made to demonstrate the important role of the community and parent participation in early childhood development.

Social mobilization and advocacy

16. The Convention on the Rights of the Child was ratified by the Government in September 1990, and the Government is due to report to the Committee on implementation of the Convention in early 1993.

Recommended programme cooperation, 1994-1998

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1994	1995	1996	1997	1998	Total
Health	250	250	250	250	250	1 250
Nutrition	250	250	250	250	250	1 250
Education	200	200	200	200	200	1 000
National capacity-building	100	100	100	100	100	500
Programme support	200	200	200	200	200	1 000
Total	1 000	1 000	1 000	1 000	1 000	5 000

Country programme preparation process

17. Preparation of the new country programme began in December 1991 with the situation analysis of children and women, prepared jointly by the Government and UNICEF. The situation analysis and a proposed country programme strategy

were reviewed at several meetings in Pyongyang and Bangkok, Thailand, between senior government officials and UNICEF staff from the UNICEF area office at Bangkok, the UNICEF Regional Office for East Asia and the Pacific at Bangkok and UNICEF headquarters at New York in 1992.

18. Programme objectives. The national programme of action (NPA) has outlined the following goals for the year 2000: (a) to reduce mortality from diarrhoea and pneumonia by one half; (b) to eliminate neonatal tetanus, eradicate poliomyelitis and improve immunity against measles in infants; (c) to improve and strengthen breast-feeding and weaning practices; (d) to enhance parents' knowledge of child health and nutrition; (e) to reduce the prevalence of micronutrient deficiencies; and (f) to improve the quality of pre-school and primary education, with a special emphasis on branch schools in remote mountain and island areas. The objective of the proposed country programme is to assist the Government in achieving the goals by providing support to capacity-building and service delivery.

19. Programme strategy. The following major strategies will be applied during the proposed programme period: (a) all cooperation will focus on achieving the NPA goals; (b) the needs of children will be directly addressed and served; (c) special attention will be given to families and children who are relatively underserved in rural and remote mountain areas; (d) the knowledge and skills of parents will be enhanced; and (e) the technical and managerial capacities of those most closely involved with programme implementation and monitoring will be strengthened.

Health

20. Improvements will be made in the effectiveness of immunization services through the use of high-quality vaccines, particularly for measles and poliomyelitis; strengthening of the cold chain; and training in programme management, disease surveillance, neonatal tetanus elimination and monitoring/evaluation. Support will also be provided for educational efforts to improve parental knowledge of the benefits of immunization. Annual internal programme reviews will be instituted and a second international comprehensive programme review will be held in 1996.

21. A national strategy for the control of diarrhoeal diseases and acute respiratory infections (ARI) will be developed. This will include improving the knowledge of parents on the prevention of ARI and diarrhoeal diseases and strengthening the skills of health workers in treating and managing diarrhoea and pneumonia. Project activities will include upgrading the training curriculum of basic health workers and organizing refresher training courses.

22. Coordination with the United Nations Development Programme, the United Nations Population Fund and WHO will be maintained in the integrated primary health care (PHC) project in Hyangsan county supported by four agencies, including UNICEF.

Nutrition

23. The objective will be to review and strengthen national policies and procedures in maternity wards, nurseries, workplaces and the home. This will

be achieved by encouraging "baby-friendly" hospitals and by further extending the concept to the workplace through the training of hospital and nursery staff in the practical aspects of breast-feeding management. A pilot project to improve the nutritional value of weaning food will be undertaken, based on a review of locally available weaning food.

24. Activities for the control of iodine deficiency disorders (IDD) will focus on developing a programme strategy to deliver services to selected groups and assessing the impact of these services. Subject to a positive outcome, additional survey work to map the extent of the IDD problem in less accessible mountainous areas will be undertaken.

Education

25. Branch school education will be strengthened through a programme for multi-grade teachers to improve teaching methods, including revision of the curriculum and textbooks and in-country study visits to model schools. The use of video will be expanded and the quality of productions improved, following an assessment of the experience gained.

26. The approach to pre-school education will be modified to enhance the role of parents in early childhood development, with greater emphasis on the participation of parents in early learning, recognizing that the school and the home play a vital role in the child's development.

27. The quality of primary and pre-school teachers will be improved through the strengthening of teacher-training colleges and in-service training centres. The study of experience in other countries, the assessment of learning achievement and the testing of teachers' qualifications will be carried out. Technical support from the United Nations Educational, Scientific and Cultural Organization (UNESCO) will be used for these teacher-training activities.

National capacity-building

28. A principal element of all programme activities will be the strengthening and upgrading of the technical and managerial skills of the country's professionals through institutional contacts and applications and adaptations of appropriate, relevant technologies, particularly from other Asian countries. Wherever possible, longer-term links will be made with appropriate institutions and organizations in the region to promote the transfer of technical and managerial knowledge.

Planning, monitoring and evaluation

29. UNICEF will participate in meetings of the Democratic People's Republic of Korea Coordinating Committee for UNICEF and counterpart ministries, and will be kept informed of programme developments. In the fourth quarter of each year, a joint Government/UNICEF review of all projects will be conducted and project plans of action for the coming year will be agreed upon. Reprogramming and adjustments to future plans will be made as necessary.

Programme support and management

30. Programme coordination will be maintained by the UNICEF area office at Bangkok, headed by the director of the area office and staffed by a project officer (L-4), a Junior Professional Officer (JPO) (P-2) and a secretary to administer the programmes in the Democratic People's Republic of Korea, and through a UNICEF liaison office to be established in Pyongyang, subject to mutual agreement between the Government and UNICEF. Collaboration with other international agencies will be pursued to ensure complementarity of inputs and to maximize programme impact. Close cooperation will be maintained, especially with WHO in the immunization and PHC programmes, and with UNESCO in education.

II. MALAYSIA

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	8.0
U5MR (per 1,000 live births)	20
IMR (per 1,000 live births)	15
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1981)	59
Literacy (%, male/female)	87/70
Primary school enrolment (%, net, male/female)	../..
Percentage of grade 1 reaching grade 4 (1988)	98
Access to safe water (%) (1990)	79
Access to health services (%)	..
GNP per capita	$2,490

One-year-olds fully immunized against:

tuberculosis:	99 per cent (1989)
diphtheria/pertussis/tetanus:	91 per cent (1990)
measles:	90 per cent (1990)
poliomyelitis:	90 per cent (1990)

Pregnant women immunized against:

tetanus:	54 per cent (1989)

31. The 1989-1993 programme of cooperation for Malaysia was approved by the UNICEF Executive Board in 1989 and extended in 1992, with a total allocation of $2,750,000 in general resources (E/ICEF/1989/P/L.20 and E/ICEF/1992/P/L.42). A country programme proposal is hereby submitted to the Executive Board for funding from general resources in the amount of $2,250,000 for the period 1994-1996, subject to the availability of funds. This proposed programme is expected to conclude UNICEF funding support to the Government of Malaysia and to prepare the groundwork for a new form of cooperation with Malaysia as a newly industrializing country in Asia.

The situation of children and women

32. Since 1970, Malaysia has experienced almost uninterrupted economic growth, averaging 7 per cent per annum. At the same time, the country has seen substantial improvements in most social and quality-of-life indicators. The population of 17.6 million now has an annual per capita income of $2,600. During the last 20 years, the proportion of people in poverty has been reduced from 42 to 17 per cent, and the number of poor households has declined from 976,000 to 649,000. The number of very poor, those with less than 50 per cent of the poverty line income, was reduced from 452,000 in 1976 to 143,000 in 1990. The strong economy has caused labour shortages in primary industries, prompting an influx of unskilled workers from neighbouring countries, and has accelerated urbanization. The national debt is equivalent to 4.5 per cent of GNP, one of the lowest in South-East Asia.

33. Government data indicate that IMR has fallen from 24 to 13 per 1,000 live births during the decade 1980-1990. There remain variations among states. In Sabah, for example, which has a high proportion of immigrants, many illegal, IMR was estimated to be 18 per 1,000 live births in 1989. The country achieved universal child immunization (UCI) in 1990 and has seen substantial reductions in the incidence of vaccine-preventable diseases.

34. Government sources estimate that U5MR has fallen from 4 per 1,000 live births in 1970 to 1 per 1,000 in 1989. Hospital data show pneumonia to be responsible for 7 per cent and diarrhoea for 4 per cent of deaths among children under 12 years of age. Respiratory infections and accidents are among the main causes of hospitalization of children.

35. Basic health care and primary education are available to the overwhelming majority of the population, although access to basic services is still limited for some people as well as for groups with special needs. Based on government sources, access to health services is estimated at 70 per cent for Sabah and Sarawak, with 95 per cent access for the peninsula. Severe protein energy malnutrition is rare. Breast-feeding is initiated by 96 per cent of Malays, but by only 45 per cent of ethnic Chinese. The better-educated and middle-income women are less likely to breast-feed. Endemic goitre has been documented in Malaysia for over 60 years and remains a serious local problem, particularly in Sarawak.

36. Government sources indicate that the maternal mortality rate (MMR) has declined from 148 per 100,000 live births in 1970 to 20 per 100,000 live births in 1989. Considerable interstate variations exist. The main causes are haemorrhage during pregnancy and eclampsia, suggesting that improvements can be made through better identification and management of high-risk pregnancies. The number of newborns weighing less than 2.5 kilograms declined from 10 per cent in 1980 to 8 per cent in 1990. Government data indicate that 70 per cent of pregnant women are immunized against tetanus.

37. The difficulties confronting both parents and children in coping with the stresses of moving from a rural, traditional community sheltered by an extended family into an urban, industrial environment supported by, at best, a nuclear family, often with both parents working, is a contemporary concern. Increases

in delinquency and child abuse are examples of the negative consequences of rapid socio-economic change. To reduce this negative aspect of development, the Government promotes healthy family and social values by encouraging the concept of a "caring society".

38. Government sources indicate a literacy rate of 87 per cent for males and 64 per cent for females. By 1990, Malaysia had already reached universal primary education, with a participation rate of 99 per cent. Participation in lower secondary education is 90 per cent, and while the quality of primary education has improved considerably, there is concern that the standards of mathematics and Malay are not keeping pace with other subjects. Pre-school education is provided by several government agencies, complemented by private and voluntary centres. Only about one half of children aged four to six years enjoy pre-school education. This is a matter of concern, particularly as they are more likely to be urban children with better-off parents. The Government is expanding the network of pre-schools, with the emphasis on rural and poor urban areas.

Programme cooperation, 1990-1993

39. Malaysia achieved UCI in 1990 and has maintained high coverage levels through 1991 and 1992. UNICEF assistance to the immunization programme included the strengthening of the cold chain and the funding of local workshops to increase coverage with measles and tetanus toxoid vaccines.

40. Breast-feeding is being promoted through the "baby-friendly" hospital initiative and complementary media and education activities. A core of trainers has been established and hospitals have been selected for intensive development to achieve "baby-friendly" status. A revised code of ethics to regulate the marketing and distribution of infant formula will be enforced in 1993.

Education

41. Cooperation in education began following the World Conference on Education for All in 1989, and support has been provided to improve the curriculum and training of pre-school teacher trainers. Study visits to Asian countries have been arranged for educators and trainers to observe other teaching methods and management systems. The Ministry of Education is currently evaluating the impact of pre-school education.

42. Having achieved universal enrolment in primary school, the emphasis is now on improving the quality of teaching. Studies on methods to improve the peer supervision of Malay language teachers and on the use of video to strengthen the teaching of mathematics have been funded by UNICEF. In addition, research is under way to evaluate the usefulness of value education, introduced in 1982.

Social welfare

43. Both government agencies and non-governmental organizations (NGOs) are addressing the problems of child abuse. UNICEF has supported studies dealing with the causes of child abuse and the response of the social services to each

case. UNICEF is also facilitating the sharing of Malaysia's experience in child abuse with other countries.

44. An NPA in support of the World Declaration on the Survival, Protection and Development of Children has been prepared by the Government, with the active involvement of a large number of NGOs, professional organizations and universities. The present programme recommendation was developed jointly by the Government and UNICEF and also benefited from contributions from NGOs, professional bodies and universities.

Recommended programme cooperation, 1994-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1994	1995	1996	Total
Nutrition	220	190	170	580
Early child development	250	250	250	750
Disease elimination	100	100	40	240
Capacity-building	80	110	190	380
Programme support	100	100	100	300
Total	750	750	750	2 250

45. In line with the Second Outline Perspective Plan of the Government of Malaysia and the NPA, the goals for the year 2000 are: (a) to reduce IMR from 13 per 1,000 live births in 1990 to 9 per 1,000 live births; (b) to reduce MMR from 20 to 10 per 100,000 live births; (c) to reduce moderate and severe malnutrition among children under five years of age from 25 to 12 per cent and from 0.5 to 0.2 per cent, respectively; and (d) to improve the protection of children in especially difficult circumstances.

46. Within this framework, the proposed programme of cooperation will support the following objectives: (a) to further strengthen government capacity to plan, monitor and effectively implement policies and programmes for women and children, particularly in disadvantaged groups, for the achievement of the 1990s goals; and (b) to share Malaysia's experience in addressing the needs of children and women as part of social and economic development with other countries in Asia and other developing countries.

Programme strategy

47. The following strategy will apply to the programme of cooperation through 1996. The programme of cooperation will provide direct support to the needs of children, particularly underserved impoverished groups, by specifically

addressing problems identified through the situation analysis. Support will include operational research, technical support and capacity-building to strengthen government systems and NGOs in their ability to serve the needs of children. This will be balanced by sharing Malaysia's own experience with developing countries, particularly in Asia. The country programme will also aim to facilitate the mobilization of greater resources to address the needs of children and women, both in Malaysia and in developing countries around the world.

Nutrition

48. UNICEF will continue to support the conversion of hospitals into active promoters of breast-feeding through training, public information, continued advocacy and assessment of hospitals concerning the 10 steps to breast-feeding promotion. UNICEF will support the development of national capacity to identify and control IDD, including the training of health staff to effectively implement appropriate area-specific control strategies.

Health

49. The elimination of neonatal tetanus and the eradication of poliomyelitis are feasible goals for Malaysia. Based on operational research carried out in 1992-1993, the programme will strengthen and improve the sensitivity of surveillance mechanisms to rapidly detect and report any outbreak of these diseases. Support will also be provided to maintain a high level of immunization coverage.

50. Maternal mortality will be reduced through the identification of high-risk mothers and their close follow-up to ensure appropriate preventive care on an individual basis. In addition, maternal education will be strengthened to reduce maternal morbidity.

Early child development and education

51. UNICEF will continue to support the Ministry of Education in strengthening and improving the quality of the pre-school curriculum and the capabilities of pre-school teachers. Emphasis will be given to the rural and urban poor, those most disadvantaged in terms of access to pre-school education. Efforts will be made to strengthen the links between formal education and the home to enable children to develop their full potential.

52. Child abuse is a comparatively new area for UNICEF cooperation. UNICEF will assist with some applied research to determine the causes of child abuse, training for all involved sectors and networking. UNICEF will also actively promote and support Malaysia's leading role in dealing with the issue of child abuse in the region.

Capacity-building

53. This country programme will provide flexibility in funding in order to assist the Government and NGOs in developing responses to emerging issues that have a negative impact on women and children. Support will be provided to exchange experience, and for training and for seminars to enable Malaysian

professionals to rapidly acquire the expertise to mount appropriate interventions.

54. The Government will be assisted in monitoring the situation of children and women and in implementing the NPA. UNICEF will encourage and support activities for the research and monitoring of child-related issues as a basis for policy development, advocacy and NGO coordination.

55. Since this country programme is expected to be the last formal programme of cooperation between UNICEF and the Government of Malaysia, preliminary work will be undertaken to develop a new mechanism for a continuing cooperation in Malaysia. This could include the identification of a focal point to promote development education about children and to support UNICEF work around the world and the eventual formation of a UNICEF National Committee. Therefore, the fund-raising element of UNICEF work will become increasingly important.

Programme support and management

56. Programme coordination will be maintained by the UNICEF area office at Bangkok, headed by the director of the area office and staffed by a project officer (L-4), a JPO (P-2) and a secretary to administer the programmes in Malaysia and the Democratic People's Republic of Korea. Three General Service posts and a National Officer located in Kuala Lumpur are responsible for local programme administration and Greeting Card and related operations.